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by

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You will notice that I have taken the liberty to change the title of the topic assigned to me from "Health Care as Service" to "The Call to Holiness and Health Care as Service." I did so because of the very grave difficulties I experienced, despite strenuous efforts to overcome them, in articulating for practicing physicians specific practical advice on the subject of health care as service. I now believe that I can, thanks to a few very helpful books I consulted but more so to beautiful advice given to me by some physician friends, not least my oldest son Michael and my oldest daughter Mary, be able to *remind* you (for I am sure that you are more keenly aware of them than I could ever be) of some specific things you can do to carry out your own deep desire to be of service to your patients. Nonetheless, my observations on this topic will be limited and truncated because of my own inadequacies. At most, they will perhaps stimulate you to examine your own consciences on certain questions and lead you to formulate specific resolutions to implement in your day-to-day work.

I want now, however, to provide a framework for my comments on health care as service by offering some reflections on the theme of holiness and the call to holiness addressed to every Christian, not only to doctors. In doing so I may trespass somewhat on the ground covered by my colleague Germain Grisez in his keynote address, but I may be able to deepen your understanding and appreciation of what he had to say.

Part 1: The Call to Holiness

God calls us to holiness when He personally invites us, through His only Son-become-man, Jesus Christ, to "come, follow me" (cf. Mark 2:13) and to be "made perfect as our heavenly Father is perfect" (Matt 5:48). Jesus summons us

to holiness when He says, "learn from me, for I am gentle and humble of heart" (Matt 11:28), and when He tells us that our "business is to follow" Him (cf. Jn 21:22), and that each one of us is to "deny his very self, take up his cross each day, and follow in" His steps (cf. Lk 9:23).

We answer this call to holiness when, in living faith, we accept the saving revelation given us through Jesus and commit ourselves to be His disciples and to "follow in His steps." We accept the call to holiness when we make our baptismal commitment. Most of us, of course, were baptized as infants and others, our godparents, made this commitment for us, in our name. But, as we matured in the faith, we have made this commitment for ourselves, for instance, when we were confirmed. Moreover, we are asked to renew this commitment — this commitment to become holy as the heavenly Father is holy and to take up our cross daily and follow Jesus — every year during the Easter vigil. And we renew this commitment every time that, through God's grace, we repent of our sins, receive God's forgiveness in the sacrament of penance and reconciliation and pledge to amend our lives and walk worthily of the vocation to which we have been called.

Above I spoke of baptismal commitment. To appreciate more fully the meaning of this commitment we must clearly understand what is meant by "commitment," and specifically by the baptismal commitment. By commitment is meant a free choice which, as Pope John Paul II emphasizes in his Encyclical *Veritatis Splendor* (n. 65), "shape(s) a person's entire moral life, and serve(s) as bounds within which other particular everyday choices can be situated and allowed to develop." A commitment, in other words, is a fundamental kind of choice. Thus in order to understand properly the significance of the baptismal commitment, it is important first of all to grasp the meaning of free choice.

John Paul II emphasizes the religious and existential significance of free choice in *Veritatis Splendor,* and it will be helpful briefly to summarize his teaching and examine then the relationship between our baptismal commitment to holiness and the way we live our daily lives.

In his Encyclical the Holy Father eloquently expresses the truth that it is in and through the actions we freely choose *to do* every day that we *determine ourselves* and give to ourselves our identity as persons. As the Pope says, "It is precisely through his acts that man attains perfection as man, as one who is called to seek his Creator of his own accord and freely to arrive at full and blessed perfection by cleaving to him" (n. 71). Our freely chosen deeds, he continues, "do not produce a change merely in the state of affairs outside of man but, to the extent that they are deliberate choices, they give moral definition to the very person who performs them, determining his *profound spiritual traits"* (ibid.). In developing this great truth John Paul II calls attention to a beautiful passage from Saint Gregory of Nyssa that magnificently makes clear the existential, religious significance of our daily deeds:

> All things subject to change and to becoming never remain constant, but continually pass from one state to another, for better or worse . . . Now, human life is always subject to change; it needs to be born ever anew . . . but here birth does not come about by a foreign intervention, as in the case with bodily beings . . . ; it is the result of a free choice. Thus *we are* in a certain sense our own parents, creating ourselves as we will, by our decisions (cited in VS, n. 71).

Thus each free choice a person makes to do something (and this includes the free choice to *omit* doing something) involves, as John Paul II reminds us, "a *decision about oneself* and a setting of one's own life for or against the Good, for or against the Truth, and ultimately, for or against God" (n. 65).

But certain choices, as we have seen, can be called "commitments" because they shape a person's entire moral life and serve as bounds within which other particular everyday choices can be, as John Paul II says, "situated and allowed to develop" (VS, n. 65). An example of a choice of this kind is the choice to be married, whereby two persons, a man and a woman, freely establish one another as irreplaceable and substitutable in each other's lives and commit themselves to live as "one flesh" and to honor, respect, and pursue the "goods" or "blessings" of marriage, the goods of handing on and educating human life and of faithful conjugal love. Another kind of choice of this kind — a commitment — is the choice to become a doctor and to commit oneself to the good of human life and health in a unique way.

But the most fundamental choice of the Christian, as we have seen, is the *baptismal commitment* or choice to be a Christian, a living member of Christ's body, the Church. At the heart of baptism is a free, self-determining choice, one made possible only by God's saving grace, whereby a person freely commits himself to live henceforward as a Christian, i.e., as truly a child of God and brother and sister of Jesus, whose only will, like that of Jesus himself, is to do what is pleasing to the Father. In and through this overarching free and self-determining choice one commits oneself to a way of life, to the following of Christ, to the pursuit of holiness. Through this free, self-determining choice one commits oneself, as St. Paul puts it, to complete in his own flesh "what is lacking in Christ's afflictions for the sake of his body, the Church" (Col 1:24). As John Paul II says, in speaking of this most fundamental choice "which qualifies the moral life and engages freedom on a radical level before God," it is

> the decision of faith, of the *obedience of faith* (cf. Rom 16:26) "by which man makes a total and free self-commitment to God, offering the full submission of intellect and will to God as he reveals."[1] This faith, which works through love (cf. Gal 5:6), comes from the core of man, from his "heart" (cf. Rom 10:10), whence it is called to bear fruit in works (cf. Matt 12:33-35; Lk 6:43-45; Rom 8:5-10; Gal 5:22).

Precisely because the baptismal commitment, the free choice to be a Christian, is the absolutely fundamental choice of the Christian, it "shapes" the Christian's entire life and serves as the bounds "within which other particular everyday choices can be situated and allowed to develop" (cf. VS, n. 65). In and through this choice every Christian freely commits himself to holiness, to sanctity. To carry out this commitment a Christian must try to integrate *all* the choices he makes *every day* of his life into it, to make all his choices conform to it. And this is quite a task! Indeed, it is the basic task of our lives and one impossible to carry out on our own but possible in, with, and through Christ, our best and wisest friend who will enable us to live truly as His disciples if we but ask for His help.

We know that some kinds of choices are utterly incompatible with our basic commitment "to be" other Christs. These are the choices to do what is gravely

immoral, to sin mortally. Mortal sin, because it is irreconcilable with love of God and neighbor, is totally opposed to our baptismal commitment to holiness. But venial sin, too, although in some way compatible with love of God, is not compatible with perfect love of God or with the holiness to which we are called. An analogy may be helpful here. Telling a "small lie" to one's wife to preserve domestic tranquility (e.g., telling your wife that indeed you did mail the letter she gave you to post when in fact you had forgotten to do so) is in some way compatible with love of your spouse (while adultery is completely incompatible with such love), but it is surely not compatible with *perfect* love of one's spouse, and husbands (and wives) are called to deepen and perfect their love for one another throughout their lives and to root out everything that can mar or block that love. Similarly, in our common pursuit of perfection, in our efforts to become holy, even as the heavenly Father is holy, we must root out from our lives deliberate venial sin. But, unfortunately, I fear, each of us has, as it were, his or her favorite venial sins, something we know we ought not to do if we are to be "perfect, as the heavenly Father is perfect," if we are to follow Jesus and be His vicarious representative in the world in which we live.

Likewise, caring physicians, who undoubtedly desire deep within themselves, to be of service to the persons entrusted to their care, can at times fail, perhaps seriously, to be true to their vocation as doctors, as persons who serve others in need of their help. In what follows I will not be concerned with the most grievous failures of doctors to serve their patients, with their betrayal of their patients by killing them, sterilizing them, facilitating their immorality, etc. Rather I will be concerned mostly with "little things." Although "little" in themselves, many of a doctor's daily practice is made up of choices concerning them. And in and through these daily choices the doctor makes himself to be the kind of doctor he is.

Part II: Health Care as Service

Here I will give some reflections, stemming principally from reading and thinking about David Hilfiker's remarkable book, *Healing the Wounds: A Physician Looks at His Work* (New York: Pantheon, 1985) and from conversations with some physician friends, including my son Michael and my daughter Mary Patricia. I will group my reflections around the following aspects of a physician's work: (1) medical competence and expertise and need for detachment; (2) patient confidentiality; (3) respect for patients as persons; (4) availability. There will, however, be considerable overlapping of these aspects and inevitable introduction of other considerations. But these four aspects may serve as pegs on which to hang some observations.

1. Medical Competence and Expertise and Need for Detachment

People come to doctors expecting them not only to provide accurate diagnosis and treatment for organic illnesses but also to alleviate symptoms, provide sympathy and support, and relieve the fear associated with illness. It is perhaps impossible for physicians to meet all these expectations, but they ought surely, if they are to do what doctors are supposed to do, be able to determine, with some

degree of probablity, what is bothering the patient — in other words, to provide a diagnosis — and in most instances to prescribe a regimen of treatment. Indeed, to serve their patients they must, as one doctor has put it, "take each illness with the utmost seriousness" (David Hilfiker, *Healing the Wounds,* p. 26). But in order to do this physicians need to keep themselves informed and to maintain their medical skills. Because of the enormous knowledge explosion in the biomedical sciences, this itself is an awesome task, but it must be done if the physician is to be a competent provider of health care, if he is to serve his patient's basic medical needs. You realize this more than I do. The major sin here stems from laziness and the failure (a sin of omission) to do what one reasonably can and ought to do to keep abreast of the knowledge needed to do what a physician is expected to do. To serve their patients, doctors need to do their work well, to the utmost of their ability.

To perform this major task of doctoring adequately, emotional detachment is necessary. As Hilfiker puts it, the physician

> must detach herself from her own desires, hopes, and fears as well as from the patient's wishes and emotions. The patient's desire for a particular diagnosis, a particular method of testing, or a particular treatment must not be allowed to interfere with the physician's learning about the disease; although the patient's desires should become paramount later on, when a decision must be made about treatment (a shift that . . . is not always an easy one). Thus, a primary role of the good physician is that of scientific technician, and the scientific attitude is one of detachment . . . Although the physician may care deeply about the patient as a person, she may be required, during a significant portion of her contact with that patient, to ignore the person and concentrate on the disease (p. 126).

Ironically, a most serious obstacle facing doctors in implementing their desire to be of true service to their patients at times finds its source in their need, as professionals with special expertise, to be emotionally detached from their patients. At times, as Hilfiker notes, "the physician, under the pressures of everyday doctoring, often begins to use this tool of clinical detachment for another purpose: as personal protection [from personal involvement with one's patients]. . . By defining himself as an objective scientific technician rather than as a servant, and by replacing messy emtotions with scientific detachment, the physician can even deflect the call to constant availability" (pp. 126-127). The temptation to become a depersonalized technician concerned with diseases rather than a dedicated physician personally involved in caring for living (even if, at times, dying) persons can often be very powerful and seductive. One can gradually, simply through lack of vigilance, take on this role. Therefore, "be watchful and vigilant" and do not let yourself become bewitched by this siren song.

2. Patient Confidentiality

This, of course, is a major issue in the practice of medicine. Most physicians, even the soundrels, rarely violate patient confidentiality when it comes to medical records and direct requests for information from sources other than the patients themselves. They realize that the penalties for such gross violations of patient confidentiality can be very severe and, perhaps, economically destructive to themselves. Here I am not focussing on this aspect of patient confidentiality, but rather on some "little ways" in which this can be violated, at times quite

seriously from the perspective of morality and holiness of life.

The men and women and children who come to the doctor for help need to be able to trust them. So that the physician can do his job, the patients must provide him with the information necessary to help him find out what the problem is. Patients must, as it were, bare not only their bodies (and this naturally causes or can cause embarrassment) but also, to some extent, their souls. To their own shame they must, at times, acknowledge their own sins of terrible intemperance in matters of sex, drink, drugs, what have you. Baring their bodies and souls to another person makes them terribly vulnerable. Doctors cannot serve their patients if they do not respect this vulnerability. They must not touch them "offensively" and they can, and unfortunately sometimes do, offend them not only by physical touches, gestures, glances, etc. but also by words spoken both to them and to others about them.

Although, as noted already, most doctors avoid gross (criminal) violations of patient confidentiality, it is not uncommon for doctors to fail, and at times seriously so, to respect patient trust and confidentiality in other ways: speaking inappropriately of their patients and their maladies in the halls and elevators of hospitals, in restaurants, at social gatherings, etc. Moreover, physicians at times describe their patients in demeaning terms, identifying them by their illness, for example, or making derogatory or lascivious comments about their looks, etc. Behavior of this kind is sometimes due to thoughtlessness or to the "doctor as technician concerned with disease syndrome," but thoughtlessness of this kind must be rooted out of the doctor's life if he is to serve.

3. Respect for the Patient as Person

Obviously, a book could be devoted to this topic, and obviously too, the material just discussed dealing with patient confidentiality is relevant to this theme. My purpose in considering this one "peg" on which to hang some observations is rather modest, for I want to call attention to only a few matters, but I think that they are or can be very significant, particularly from the perspective of the patient.

The first of these is respect for the patient's time. Doctors, naturally, are upset when their patients fail to keep appointments. But patients are frequently compelled to wait for excessively long periods of time before they can be seen by their physician, even after they have made great efforts and at times serious sacrifices in order to keep a scheduled visit. I realize that it is impossible for doctors to adhere rigidily to their scheduled appointments. At times delays are unavoidable because emergencies or unanticipated complications in caring for another patient may require time that had been scheduled for another. But such delays must be kept under some reasonable control, and it is only decent to acknowledge and apologize for the inconvenience thus caused to the patient(s) kept waiting.

An important consideration in connection with this is economic in nature. Very often some patients, particularly those on the lower rungs of the economic ladder and hence least capable of sustaining lost wages, must take time off from their work to come to the physician's office. Such patients, it seems to me, need special consideration in scheduling appointments. Efforts should be made to find

a time when they will not suffer loss of much needed wages in order to pay the doctor a visit. At times there might even be need in justice to offer recompense to a poor patient forced to incur lost income because of poor scheduling by the doctor.

The subject of money has just reared its head and economic justice is crucially important in respecting patients as persons. For the most part, physicians make more money than do their patients — and their patients are keenly aware of this. For a host of reasons — new and expensive technologies, medical insurance, health care management programs, malpractice suits, etc. — health care in this country is, in my opinion, exorbitant. A doctor who cares for his patients as persons equal in dignity to himself will not gouge them or take advantage of them or of their insurance companies or of others who might pay their bills — despite the many temptations to do so. He will, moreover, at times donate his services to the poor and needy.

One problem in treating patients as persons is not specific to doctors, but rather common to all of us, although it can, I fear, become particularly acute in the doctor-patient relationship. The problem is simple: we don't like all the people we meet or with whom we are obliged to interact, and we are frequently tempted to disparage, slight, demean, and ignore them, and at times to be mean and nasty to them, particularly if they are mean and nasty and offensive to us. We are not all saints, and surely not all of the persons presenting themselves as patients to doctors are saints — although they are called to be. With respect to people we don't like (and there can at times be some basis in reality for not liking them), I believe some words of St. Augustine are pertinent. In the midst of one of his treatises on lying he said that "we ought to treat a person, not as he is, but as we will him to be." And we ought to will that everyone we meet, everyone we encounter, be a friend of God, and we ought to treat all people we meet, nomatter how obnoxious they may bem witht he dignity of persons made in the image and likeness of God. They are not dirt beneath our feet.

It is particularly difficult, I have heard, to heed this advice of Augustine with "problem patients," and their variety is considerable. But special efforts must be made to see through external appearances and recognize them as persons, beings equal in dignity as persons to oneself. Too frequently doctors are tempted, because of their educations, professional prestige, and — we must admit it —money , to be somewhat arrogant toward others, particularly those of "lower" classes, the "undeserving poor" and so forth. As a result they at times act arrogantly or condescendingly both to their patients and to their underlings in the health care hierarchy. They fail to recognize others as persons equal in dignity to themselves as persons. There is constant need for physicians to remember that the doctor-patient relationship is no mere contract; it is a personal covenant meant to be on of trust, loyalty, respect, honor.

4. Availability

Because the physician-patient relationship is that of a covenant between persons equal in dignity, the physician must be available tot he patient when needed. But availability goes beyond mere technical rexpertise and its implementation. The doctor, if he is to carry out his vocation, must make his

person, his *heart* available to his patients, never abandoning them, no matter how desparate and hopeless, from a medical point of view, their condition may become, and no matter how "difficult" the patients themselves may become. Doctors need to learn how to reach out and to touch their patients.

My oldest daughter, Mary Patricia Fairchok, a pediatrician in the US Army (and mother of two beautiful granddaughters of mine) sent me a letter, in response to my pleas to her for advice for this talk, in which she gave me many good ideas. I want not to conclude this paper by reading to you some lines from that letter on the subject of "availability":

> Medical training emphasizes diagnosis and therapy. But for some conditions there is no cure. If the physician remains embedded in the technical aspects of care, the patient is told that there is nothing that can be done. It is particularly in this situation that medicine as a service plays a role. A physician can still function as a comforter and compassionate professional who still cares to be involved with the patient. This function may be as simple as periodic phone calls or scheduled visits just to review how things are going. The patient does not feel abandoned with his illness. As Jesus demonstrated time and again in the gospels, to touch is also to heal. Unfortunately, modern medicine cannot cure physical disease by touching, but the emotional and spiritual distress accompanying disease does respond to being touched, not by cold stethoscopes, but by the caring involvement of a physician available to serve until the end.

REFERENCE

1. Here John Paul II cites a passage from Vatican Council II's Dogmatic Constitution on Divine Revelation, *Dei Verbium,* 5, which in turn cites from Vatican Council's I Dogmatic Constitution on the Catholic Faith, *Dei Filius,* Chapter 3.
